

Georgia Department of Banking & Finance
2990 Brandywine Road, Suite 200
Atlanta, GA 30341-5565
<http://www.gadbf.org>

Phone: 770-986-1633

Fax: 770-986-1655

TO: Licensed Check Cashers

FROM: Non-Depository Financial Institutions Division– MSB Section

RE: Supervisory Employee Forms

Department Rule 80-3-1-.02(6) outlines certain requirements that licensees must follow in regards to the personnel they employ in their check cashing business. The primary requirements of that Rule are as follows:

1. Every licensee must maintain personnel files for its employees.
2. The licensee should provide each candidate for employment a copy of the above referenced Rule which is attached herein.
3. Each person in a supervisory position* shall complete a Financial Report - Biographical Information - Form 19-6cc and an authorization for Criminal History Record Information Consent Form, which are provided in this document and are also available on the Department's website. Prior to employment in or promotion to a supervisory position or not later than 30 days following employment in or promotion to a supervisory position the licensee shall cause an independent credit report and a criminal background check to be performed on the person employed or promoted. You may take the Criminal History Record Information Consent Form to any local police department to have them run a background check on your employees. The foregoing documents shall be retained in the personnel file until one year after termination of employment by the licensee.
4. If a criminal background check on a supervisory employee returns a felony conviction or indicates that the individual is a multi-source offender, you must complete the Request for Fingerprint Cards form included herein and submit that to the Department to obtain cards.
5. Persons found to have been convicted of an offense punishable as a felony involving moral turpitude in this state may not be employed by a licensee without compliance with O.C.G.A. §7-1-702. Employment of a felon will result in fines and may result in revocation of your license.
6. Persons found after investigation to have materially misstated information on Form 19-6cc shall be terminated from employment; provided, however, the licensee may continue employment, subject to review by the department, by placing in the personnel file a complete statement of extenuating circumstances considered valid reasons for continuing employment.

Please do not submit the attached forms to this office unless the findings of the employee's criminal background check indicate a multi-source offender record or a felony conviction, in which case you would submit a completed Background Check Authorization Form and the completed fingerprint cards to the Department so that a national background check can be conducted through the FBI.

If you have questions you may contact the Non-Depository Financial Institutions Division at (770) 986-1652 or via e-mail at dbfcorp@dbf.state.ga.us.

**A "supervisory position" shall mean any position occupied by a person responsible for the day-to-day job performance of one or more other persons or responsible for the overall management of any check cashing outlet except on a temporary (less than one month) basis and irrespective of the number of subordinates employed.*

CRIMINAL HISTORY RECORD INFORMATION
CONSENT FORM

I hereby authorize

(individual's or agency/company representative's full name, agency/company name)

to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name Printed

Address City State Zip

Sex Race Date of Birth Social Security Number

I understand that by signing this form I am giving the authorized party noted above permission to periodically run additional background checks on me as a condition of my employment with them. No additional consent is required from me as long as I am employed with the company. This authorization ends upon the termination of my employment with the company.

Signature

Date

Existing Licensee Name & Number

BACKGROUND CHECK AUTHORIZATION FORM

TO WHOM IT MAY CONCERN:

I hereby authorize the Georgia Department of Banking and Finance to obtain criminal history data on the undersigned in his/her capacity as a director, officer, principal, owner, policymaker, manager or employee of the above licensee/applicant. Also, pursuant to the provisions of Section 7-1-702 of the Official Code of Georgia Annotated, the Department is authorized to secure information from credit reporting agencies, former employers or others regarding character, ethical reputation and financial responsibility. Such information and any conviction data received by the Department shall be used by the Department for the exclusive purpose of carrying out the responsibilities of this article, shall not be a public record, shall be privileged, and shall not be disclosed to another person or agency except to any person or agency which otherwise has a legal right to inspect the file. In order to facilitate this inquiry, I understand that I must provide the information below. The Department will notify me if further information is required. Should the data show that a violation of Section 7-1-702 of the Official Code of Georgia Annotated exists, I understand that the Department may take the appropriate steps regarding the status of the license, as well as action against any person who does not qualify for employment under the law.

This authorization remains effective as long as I am employed in the check cashing industry. A copy of this authorization shall be accepted with the same force and validity as the original.

Signature

Print Full Name

Street Address

City, State, Zip Code

Social Security Number

Date of Birth

Sex
(M or F)

Race
B – Black
W – White
I – American Indian or Alaskan Native
A – Asian or Pacific Islander
H – Hispanic

Date

Witness



FINANCIAL REPORT
Section II-Biographical Information

(Name of Applicant) _____

Date of Birth _____ Place of Birth _____ Citizenship _____

Residence Address _____

Length of Residence in Community _____

Marital Status _____ Wife/Husband's Name _____

Social Security No. or Assigned Internal Revenue I. D. Number _____

Trade Names and/or other names used in place of given name _____

List Civic, professional, social, or other organizations in which you have membership

Resume` of Education _____

EMPLOYMENT RECORD
(Include Employment for last 7 years)

Date		Name, Location and Type of Business	Position Held and Nature of Duties; Contact Name and Phone #
FROM	TO		

DISCHARGES AND REQUESTED RESIGNATIONS:

List each employment from which you have been discharged or fired for any reason, or from which you have resigned or quit after being requested to do so by your employer or after having been informed by your employer of an intention to discharge you.

Name and Address of Employer	Date of Discharge or Resignation	Reason or Explanation

BANKRUPTCIES

List all proceedings in bankruptcy, receivership, assignments for the benefit of creditors, and other similar proceedings for the benefit of creditors of which you are or were the subject or of which the subject was a corporation or other similar business organization in which you hold or held a ten percent or more legal or equitable ownership interest and/or in which you are or were an executive officer and/or a director.

Title and Nature of Proceeding	Date	Name and Address of Court	Disposition (outcome)

JUDGMENTS

List all civil or administrative judgments or orders issued against you or any corporation or other similar business organization in which you hold or held a ten percent or more legal or equitable ownership interest and/or in which you are or were an executive officer and/or a director by any federal or state court or by any department, agency, or commission of the U.S. Government or any state or municipality, or any foreign government or governmental entity. Furnish copies of all such judgments, orders, opinions, reports of investigation, etc. This information must be supplied for the past seven years.

Title and Nature of Judgment	Date	Name and Address of Court Where Judgment Entered	Name and Address of Holder of Judgment	Amount

OFFENSES**Arrests and Trials**

List each charge or indictment against you or any business or similar organization of yours, each arrest by any law enforcement agency, and each trial, whether or not convicted, in connection with any crime or other offense, other than minor traffic violations. A "business or similar organization of yours" means one in which you now hold or held a ten percent or more ownership interest or occupy or occupied a policy making position in senior management.

Reason Charged or Tried	Name of Charging or Arresting Authority & Name of Court Where Tried	Date and Place (Include city and state where charge, arrest, trial, etc., took place)	Date and Disposition (Statement of Outcome)

CERTIFICATE

I hereby certify that the foregoing information and statement of financial condition is true and correct to the best of my knowledge and belief and that said information and statement of financial condition are submitted voluntarily by me to the Department of Banking and Finance for its confidential use.

Date

Signature in Full



GEORGIA DEPARTMENT OF BANKING AND FINANCE
2990 Brandywine Road, Suite 200
Atlanta, Georgia 30341-5565
770-986-1633

INSTRUCTIONS FOR COMPLETING FINGERPRINT CARDS

TWO COMPLETE SETS OF FINGERPRINTS ARE REQUIRED (2 CARDS)
Both cards must be completed & returned to the Department.

Please provide all information requested. **Type or print in BLACK:**

- Sign the cards
- Provide address of person being fingerprinted.
- Date of fingerprinting.
- Signature/Authorization *of law enforcement personnel* performing fingerprinting.
- Name and address of employer.
- Reason for fingerprint (if not pre-stamped):

O.C.G.A. 7-1-702

Check Casher License

- Enter name of person being fingerprinted and any **aliases**.
- Enter citizenship information.
- Enter Armed Forces Number and/or **Social Security Number**.
- **ORI** information is preprinted on the card.
- Enter date of birth.
- Fill in blanks for sex, race, height, weight, color of eyes, color of hair, and place of birth.
- Enclose **SEPARATE Money Order or Certified Check** made payable to:

Georgia Department of Banking and Finance

Amount - \$30.00 per set of fingerprints (2 cards in a set-\$15 per card)

Determine the following to ensure that cards are acceptable by both GBI and FBI:

- ▶ **Prints are not too light or too dark;**
- ▶ **Prints are not smudged;**
- ▶ **Each print MUST be INSIDE the blue box for that print and not touch or cross the blue box lines.**

TO OBTAIN FINGERPRINT CARDS

Cards are obtained by contacting the Department. Requests can be faxed or e-mailed to the Department.

Fax request to: (770) 986-1655

E-Mail request to: nelson@dbf.state.ga.us

GEORGIA DEPARTMENT OF BANKING AND FINANCE



FINGERPRINT CARD REQUEST FORM

Page _____ of _____

Name & Address of Licensee/Applicant	
Name of Applicant	
Address	
Address	
City, State, Zip	
Phone Number	
Type of License	<input checked="" type="checkbox"/> Check Casher
Names of Individuals Requiring Cards	
Full Name:	
Full Name:	
Full Name:	
Full Name:	
Full Name:	
Full Name:	
Delivery Address for Cards	
Contact Person	
Address 1	
Address 2	
City, State, Zip	
Contact Phone Number	
SIGNATURE	

- If additional space is required to include all individuals, please duplicate this form and note the number of pages being submitted on the top of the form.

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E-Mail request to: nelson@dbf.state.ga.us

GEORGIA DEPARTMENT OF BANKING AND FINANCE

80-3-1-.02 (6) Check Cashers - Personnel

(6) Personnel: Licensees.

(a) Every licensee shall maintain personnel files for its employees.

(b) Each person in a supervisory position shall complete a Financial and Biographical Information Report (Form 19-6) prescribed by the department, an authorization for Criminal Background Check, and fingerprint record. Prior to employment in or promotion to a supervisory position or not later than thirty days following employment in or promotion to a supervisory position the licensee shall cause an independent credit report and a criminal background check to be performed on the person employed or promoted. The foregoing documents shall be retained in the personnel file until one year after termination of employment by the licensee. A "supervisory position" shall mean any position occupied by a person responsible for the day-to-day job performance of one or more other persons or responsible for the overall management of any check cashing outlet except on a temporary (less than one month) basis and irrespective of the number of subordinates employed.

(c) Persons found to have been convicted of an offense punishable as a felony involving moral turpitude in this state may not be employed by a licensee without compliance with O.C.G.A. §7-1-702.

(d) Persons found after investigation to have materially misstated information on Form 19-6 shall be terminated from employment; provided, however, the licensee may continue employment, subject to review by the department, by placing in the personnel file a complete statement of extenuating circumstances considered valid reasons for continuing employment.

(e) All candidates for employment shall be provided a copy of this subsection by the licensee.

Employee Signature

Licensee/Manager Signature

Date